



DEPARTMENT OF THE NAVY  
NAVY CRANE CENTER  
NAVAL FACILITIES ENGINEERING COMMAND  
10 INDUSTRIAL HIGHWAY  
MAIL STOP 82  
LESTER, PA 19113-2090

IN REPLY REFER TO  
09W2MG/98-0652  
5 June 1998

To all Navy Crane Center Contractors

Gentlemen:

Effective 1 June 1998, all contractors must register in the Department of Defense Central Contractor (CCR) Database prior to the award of a contract, basic ordering agreement or blanket purchase agreement, unless the award results from a solicitation issued on or before 31 May 1998.

This mandatory registration is in compliance with the Debt Collection Improvement Act of 1996. Registration of your firm in the DOD Central Contractor Registration Database prior to issuance of an award is required. Failure to register in the DOD CCR Database may render your firm ineligible for award.

You are encouraged to register as soon as possible. Information regarding this registration may be obtained by accessing Northern Division's Web site at <http://www.efdnorth.navfac.navy.mil>. You may register on-line at <http://ccr.edi.disa.mil> or <http://www.acq.osd.mil/cc>. A copy of the registration form is attached to this letter. You may FAX your registration to the following, using the first letter of your legal business name to determine the appropriate telephone number:

A – K (903) 729-7988

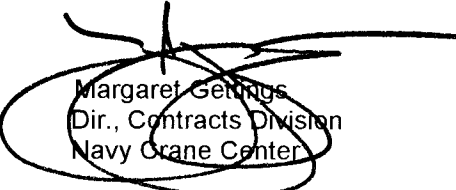
L – Z (814) 262-2326

You can obtain a DUNS number at <http://www.dnb.com/aboutdb/dunsform.htm> and a Cage Code at [http://131.87.1.54/dlsc/cage\\_search.htm](http://131.87.1.54/dlsc/cage_search.htm).

The Department of Defense has established a goal of registering an applicant in the CCR database within 48 hours after receipt of a complete and accurate application via the Internet. However, registration of an applicant submitting an application through a method other than Internet may take up to 30 days. Therefore, offerors that are not registered should consider applying for registration immediately upon receipt of a solicitation.

Your company is responsible for the accuracy and completeness of the data within the CCR and for any liability from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after initial registration, you are required to confirm on an annual basis that the information in the CCR database is accurate and complete.

You may obtain information on registration and annual confirmation requirements by calling 1-888-227-2423 or via Internet at <http://ccr.edi.disa.mil>.

  
Margaret Gettings  
Dir., Contracts Division  
Navy Crane Center

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

**CENTRAL CONTRACTOR REGISTRATION APPLICATION**

Register yourself on-line from our web site <http://www.acq.osd.mil/ec> or  
Call the EC Information Center at 800-334-3414 8AM - 8PM EST for assistance

**REGISTRATION QUESTIONNAIRE SCREEN: Please select YES or NO for each:**

	YES	NO
1. Does your organization have a parent or affiliate organization?	_____	_____
2. Do you use another organization or office to submit quotes?	_____	_____
3. Do you want orders sent to another address?	_____	_____
4. Does your organization have production or service sites other than your mailing address?	_____	_____
5. Does your organization or personnel comply with government security requirements?	_____	_____
6. Do you use the ISO and Quality Standards?	_____	_____
7. Does your organization have a Government Contract Administration Office?	_____	_____
8. Does your organization use a packager?	_____	_____
9. Are you Electronic Data Interchange capable?	_____	_____
10. Has your organization been certified as an 8(a) firm?	_____	_____

**INITIAL REGISTRATION: Must be completed by all registrants**

DUNS: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

County Name: \_\_\_\_\_

City: \_\_\_\_\_

Division Name: \_\_\_\_\_ (Optional)

State/Province: \_\_\_\_\_

Division Number: \_\_\_\_\_ (Optional)

**GENERAL INFORMATION: Must be completed by all registrants**

CAGE Code: \_\_\_\_\_ (Optional)

U.S. Federal TIN: \_\_\_\_\_ (Taxpayer ID No.)

Average number of Employees: \_\_\_\_\_

Incorporated in: \_\_\_\_\_ (State or Country)

3-Year Average Revenue: \_\_\_\_\_ (in U.S. Dollars)

Date Business Started: \_\_\_\_\_ (MM-DD-YYYY)

Accounting Period Closes: \_\_\_\_\_ (MM-DD)

Gov't Purchase Card: Accept \_\_\_\_\_ Don't Accept \_\_\_\_\_

**Security (optional)**

Security Level at Registering Party's Facility: (Circle One) Top Secret, Secret, or Confidential

Employees Highest Security Clearance: (Circle One) Top Secret, Secret, or Confidential

Security Level at Facility Where Work is Performed: (Circle One): Top Secret, Secret, or Confidential

**Individual Certifying the Registration**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Point of Contact for Information**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**What is your preferred method for receiving CCR Notifications** (Circle one)

Fax      Mail      Email

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

**QUALITY STANDARDS:** *If not applicable leave blank.* Check all standards that apply.

Approved Quality Standards:	DoD-STD-2168	_____	MIL-STD-1556B	_____
	ISO-9000	_____	MIL-STD-1586A	_____
	MIL-Q-9858	_____	MIL-STD-1629A	_____
	MIL-STD-105	_____	MIL-STD-1839A	_____
	MIL-STD-167-1	_____	MIL-STD-40001 (AT)	_____
	MIL-STD-831	_____	MIL-STD-45662	_____
	MIL-STD-980	_____		

If the applicable standard(s) is not listed, write the standards on the following blank lines.

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS BUSINESS NAMES:** *If not applicable leave blank.*

List all previously used business names on the following blank lines:

\_\_\_\_\_  
\_\_\_\_\_

**TARGETED BUSINESS LOCATIONS:** *Must be completed by all registrants.* Choose as many states and/or countries as necessary. To select all states, write USA as a country (provide country names not regions). State abbreviations accepted.

Countries or States \_\_\_\_\_

Countries or States \_\_\_\_\_

**SBA CERTIFIER: 8(A) FIRMS ONLY:** *If not applicable leave blank.* Complete only if you are 8(A) Certified

Name of SBA Office: \_\_\_\_\_ SBA Point of Contact: \_\_\_\_\_

City: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

State: \_\_\_\_\_

**PERFORMANCE LOCATIONS:** *If not applicable leave blank.* Complete only if the performance location(s) is different than the registering party's address. Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_

Name of Location: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

State/Province: \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

**PACKAGER:** *If not applicable leave blank.* Complete only if the registering party uses another company to package their goods and they are listed on your federal contract/orders. Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_

Name of Packager: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

State/Province: \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

**GOVERNMENT CONTRACT ADMINISTRATION OFFICE:** *If not applicable leave blank.* Enter the U.S. government contract office(s) responsible for the administration of U.S. government contract performed by the registering party. Multiple iterations accepted, make as many copies as necessary.

Admin. Office: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_  
Int'l Phone #: \_\_\_\_\_  
Fax #: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**PARENT COMPANY AND AFFILIATES:** *If not applicable leave blank.* Complete only if registering party has a Parent Company or Affiliate(s).

**Parent Company Information**

DUNS: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Federal TIN: \_\_\_\_\_ (Taxpayer ID No.)

Avg. No. of Employees: \_\_\_\_\_

3-Year Average Revenue: \_\_\_\_\_ (in U.S. dollars)

**Affiliate Information.** Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Federal TIN: \_\_\_\_\_ (Taxpayer ID No.)

Avg. No. of Employees: \_\_\_\_\_

3-Year Average Revenue: \_\_\_\_\_ (in U.S. dollars)

**ADDITIONAL CONTACTS:** *Must be completed by all registrants.*

**Authorized Financial Contact**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*If not applicable leave blank.*

**EDI Coordinator**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Authorized Signature Contact**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Owner** (only if contractor is an individual or sole proprietor)

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**TYPE OF BUSINESS:** *Must be completed by all registrants.*

**Type of organization:** (Circle only one)

Individual/Sole Proprietorship

Partnership

Corporation

S-Corporation

None of the above

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

**GOVERNMENT CONTRACT ADMINISTRATION OFFICE:** *If not applicable leave blank.* Enter the U.S. government contract office(s) responsible for the administration of U.S government contract performed by the registering party. Multiple iterations accepted, make as many copies as necessary.

Admin. Office: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

Int'l Phone. #: \_\_\_\_\_

State/Province: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT COMPANY AND AFFILIATES:** *If not applicable leave blank.* Complete only if registering party has a Parent Company or Affiliate(s).

**Parent Company Information**

DUNS: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Federal TIN: \_\_\_\_\_ (Taxpayer ID No.)

City: \_\_\_\_\_

Avg. No. of Employees: \_\_\_\_\_

State/Province: \_\_\_\_\_

3-Year Average Revenue: \_\_\_\_\_ (in U.S. dollars)

**Affiliate Information.** Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_

Country: \_\_\_\_\_

Street: \_\_\_\_\_

Federal TIN: \_\_\_\_\_ (Taxpayer ID No.)

City: \_\_\_\_\_

Avg. No. of Employees: \_\_\_\_\_

State/Province: \_\_\_\_\_

3-Year Average Revenue: \_\_\_\_\_ (in U.S. dollars)

**ADDITIONAL CONTACTS:** *Must be completed by all registrants.*

**Authorized Financial Contact**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone. #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Authorized Signature Contact**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone. #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*If not applicable leave blank.*

**EDI Coordinator**

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone. #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Owner** (only if contractor is an individual or sole proprietor)

Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone. #: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**TYPE OF BUSINESS:** *Must be completed by all registrants.*

**Type of organization:** (Circle only one)

Individual/Sole Proprietorship

Partnership

Corporation

S-Corporation

None of the above

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_  
Business size: (Circle only one) Small Other than Small Company Name: \_\_\_\_\_

**Check all that apply:**

<input type="checkbox"/> Tribal government	<input type="checkbox"/> Municipality	<input type="checkbox"/> Subgroup
<input type="checkbox"/> Research Institute	<input type="checkbox"/> Construction Firm	<input type="checkbox"/> Minority Owned
<input type="checkbox"/> Sheltered Workshop	<input type="checkbox"/> Other Not-For-Profit Facility	<input type="checkbox"/> Woman owned
<input type="checkbox"/> Non-Profit Institution	<input type="checkbox"/> 8(a) Program Participant Firm	<input type="checkbox"/> Small Disadv. Business
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Provide Services	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Historically Black College/University	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> American Indian Owned
<input type="checkbox"/> Other Unlisted Type	<input type="checkbox"/> Surplus Dealer	

**SEND COPIES OF SOLICITATIONS TO: If not applicable leave blank.** Indicate all parties to receive copies of solicitations (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_  
Name: \_\_\_\_\_ CAGE Code: \_\_\_\_\_  
Street: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
City: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
State/Province: \_\_\_\_\_ Int'l Phone #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_ EDI Capable: YES or NO

**PARTY SUBMITTING QUOTES: If not applicable leave blank.** Enter information about the parties authorized to submit quotes on behalf of the registering party (if address is different from registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_  
Name: \_\_\_\_\_ CAGE Code: \_\_\_\_\_  
Street: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
City: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
State/Province: \_\_\_\_\_ Int'l Phone #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_ EDI Capable: YES or NO

**PARTY RECEIVING PURCHASE ORDER: If not applicable leave blank.** Enter all parties to receive purchase order (if address is different from the registering party). Multiple iterations accepted, make as many copies as necessary.

DUNS: \_\_\_\_\_  
Name: \_\_\_\_\_ CAGE Code: \_\_\_\_\_  
Street: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
City: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
State/Province: \_\_\_\_\_ Int'l Phone #: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_ EDI Capable: YES or NO

**GOODS AND SERVICES SCREEN: Must be completed by all registrants.**

List all Standard Industrial Classification Codes (SIC) or SIC2+2 Codes for the registrant (At least one is required)

\_\_\_\_\_  
\_\_\_\_\_

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

List all Federal Stock Classification (FSC) and Product Service Codes (PSC) for the registrant.

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION: Must be completed by all registrants.**

**Registrant's Accounts Receivable Contact** (Required whether paid by check or EFT)

Contact: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

**Complete the following information for each check mailing address.** Multiple iterations accepted, make as many copies as necessary.

Name of Location: \_\_\_\_\_

State/Province: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

If remittance advice is not sent to above address, identify your financial service provider/alternative destination and their DUNS.

Financial Service Provider: \_\_\_\_\_

DUNS: \_\_\_\_\_

**Complete the following information for each Electronic Funds Transfer (EFT) account.** Multiple iterations accepted, make as many copies as necessary.

Financial Institution: \_\_\_\_\_

ABA Routing/Transit ID #: \_\_\_\_\_

Select type and enter corresponding account number and name.

Type of account (select only one): Checking ☐ Savings ☐ Lock Box ☐

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

**ACH Coordinator for Financial Institution**

Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Int'l Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ (Financial Institution's)

Check payment formats that apply. (Contact your bank for assistance)

ACH Demand Corporate Trade Exchange (CTX) Credit (ACH-DXC) \_\_\_\_\_

ACH Savings Corporate Trade Exchange (CTX) Credit (ACH-SXC) \_\_\_\_\_

**Electronic Data Interchange (EDI) PARAMETERS: If not applicable leave blank.** If EDI Capable, contact your Value Add Network (VAN) or Value Added Service (VAS) for assistance.

EDI Systems Media Capability (select one): Point to Point ☐ Service Contract Provider ☐

Vendor's electronic communication number (e.g. Email address): \_\_\_\_\_

VAN (or VAS): \_\_\_\_\_

DUNS No. of VAN (or VAS): \_\_\_\_\_

EDI Software: \_\_\_\_\_ (Include Version)

**Company name must be printed on each page of this registration application.**

Registrant's DUNS: \_\_\_\_\_

Company Name: \_\_\_\_\_

**EDI CAPABILITIES: *If not applicable leave blank.*** If EDI capable contact your VAN for assistance. Place a check the appropriate column Multiple iterations accepted, make as many copies as necessary.

Transaction Sets	Send	Receive	Send/Receive	Version*
810 Invoice				
820 Payment Order/Remittance Advice				
824 Application Advice				
832 Catalog				
836 Award Notice				
838 Trading Partner Profile				
840 Request for Quotation (RFQ)				
841 Technical Information				
843 Response to Request for Quotation				
848 Material Safety Data Sheet				
850 Purchase Order or Delivery Order				
855 Purchase Order Acknowledgment				
856 Ship Notice				
860 Purchase Order Change				
864 Text Message				
865 Purchase Order Change Acknowledgment				
869 Order Status Inquiry				
870 Order Status Report				
997 Functional Acknowledgment				
<b>EXAMPLE*</b>				
840 Request for Quotation (RFQ)		X		002003 - APADE
843 Respond to Request for Quotation (RFQ)	X			002003 - ITEMP
850 Purchase Order or Delivery Order		X		003010 - SAACONS
997 Functional Acknowledgment			X	003040

#### **ACKNOWLEDGEMENT & ACCEPTANCE**

Signature of person accepting Federal Electronic Commerce Acquisition Registration Instructions (FECAI):

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature of certifying official, acknowledging that the information provided is current, accurate, and complete as of the date of this submission:

\_\_\_\_\_  
Date: \_\_\_\_\_

**REGISTER YOURSELF ONLINE AT <http://www.acq.osd.mil/ec>**

#### **OR MAIL COMPLETED FORM TO:**

**Department of Defense  
ATTN: EC Information Center  
1700 N. Moore St., Suite 1425  
Arlington, VA 22209**

**OR FAX TO**

(Use the first letter of your legal business name)

A – K (903) 729-7988  
L – Z (814) 262-2326